

02/12/2020 WED 15:45 FAX

12:41:38 p.m. 10-23-2019

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From:

10/22/2019 12:19

#297 P.003/011

29034

002/009

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from

John Doe d/b/a Doe's Limo

Archdale Development LLC
DBA Charleston Grand HotelBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2020-58-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Dorian Davis

Telephone:

843-554-4140

Address:

3640 Dorchester Road

Fax:

843-554-4148

DCHS, SC 29405

Other:

VJ29163@hotmail.com

Email:

kayshah@live.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☒ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other:

From:

10/22/2019 12:19

#297 P.004/011

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 10/23/19

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Beachdale Development LLC DBA Charleston Grand Hotel
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

3640 Dorchester Road W. Chs SC 29405
Street Address of Applicant

1215 Lake Circle Orangeburg, SC 29115
Mailing Address of Applicant (if different from street address)

843-554-4140
Phone

843-554-4148
Fax

Charlestongrandhotel@gmail.com
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

RECEIVED
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From:

10/22/2019 12:20

#297 P.006/011

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

Value of Real Estate	\$,001,000
Value of Motor Vehicles	18,000
Cash on Hand	113,000
Cash in Bank	15,000
Value of Other Assets and Equipment	0
Total Assets	\$,147,000 ✓

Liabilities:

Mortgage/Loan on Real Estate	2,010,000
Loans Owed on Motor Vehicles	0
Business/Other Loans Owed	0
Other Liabilities or Debts	0
Total Liabilities	2,010,000

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

From:

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges: \$50.00 per person

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input checked="" type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

From:

10/22/2019 12:20

#287 P.007/011

INSURANCE QUOTEThis form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Archdale Development

Name of Applicant

3640 Dorchester Road W. Chs, SC 29405

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**Liability Insurance \$ 100,000 *see attached*Limits 25/100/25The above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

X 8-15 Passengers* \$ 25,000/100,000/25,000

Progressive Northern Insurance Co

Name of Insurance Company

P.O. Box 94739 Cleveland OH 44101

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

02/12/2020 WED 15:45 FAX

003/009

02/12/20 14:42:35 888-776-4737

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888-776-4737

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PROGRESSIVE

COMMERCIAL

Customer Service

800-444-4487

800-556-0014 (fax)

progressivecommercial@email.progressive.com

Mailing address

Progressive

P.O. Box 94739

Cleveland, OH 44101-4739

Wednesday, February 12, 2020 2:41:30 PM

Total Number of Pages:03

To: vivian
Fax number: 8435544148

Message:

02/12/20 14:42:44 888-776-4737

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888-776-4737

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ABC AGENCY NETWORK
PO BOX 1119
OPELOUSAS, LA 70571

PROGRESSIVE
COMMERCIAL

Named Insured

Policy number: 07783047-1

Underwritten by:
Progressive Northern Insurance Co
May 30, 2019
Policy Period: Jun 19, 2019 - Jun 19, 2020
Page 1 of 2

ARCHDALE DEVELOPMENT, LLC
3640 DORCHESTER RD.
NORTHCHARLESTON, SC 29405

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

1-843-744-6273

ABC AGENCY NETWORK

Contact your agent for personalized service.

1-800-444-4487

For customer service if your agent is unavailable or to report a claim.
PO Box 94739
Cleveland, OH 44101

Commercial Auto Insurance Coverage Summary

This is your revised Renewal Declarations Page

Your coverage begins on June 19, 2019 at 12:01 a.m. This policy expires on June 19, 2020 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 28525C (12/05), 47575C (08/12), 1198 (01/04), 48525C (01/10), 48815C (02/11) and 2228 (01/11).

The named insured organization type is a corporation.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$898
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured Motorist			74
Bodily Injury	\$50,000 each person/\$100,000 each accident		
Property Damage	\$25,000 each accident	\$200	
Underinsured Motorist			80
Bodily Injury	\$50,000 each person/\$100,000 each accident		
Property Damage	\$25,000 each accident	\$0	
Medical Payments	\$1,000 each person		19
Comprehensive			146
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			167
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$1,384
South Carolina Uninsured Motorist Fund charge			2
Fees			40
Total 12 month policy premium and fees			\$1,426

Rated driver

1. CLARENCE LOGAN

02/12/20 14:42:59 888-776-4737

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888-776-4737

Page 003

Policy number: 07783047-1
 ARCHDALE DEVELOPMENT, LLC
 Page 2 of 2

Auto coverage schedule

1. **2011 Ford Econo/Club Wgn** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: 1FBNE3BL2BD801914 Garaging Zip Code: 29405 Radius: 100

Liability Premium	Liability	UM	UIM	Med Pay	
	\$898	\$74	\$80	\$19	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	Auto Total
	\$500/\$0	\$146	\$500	\$167	\$1,384

Premium discounts

Policy	
07783047-1	Business Experience and Paid In Full

Additional Insured Information

1. Additional Insured CHAS COUNTY AIRPORT
 5500 INTERNATIO CHARLESTON, SC 29418
2. Additional Insured SOUTH CAROLINA PORT
 PO BOX 22287 CHARLESTON, SC 29413

Important Cancellation Information

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

From:

10/22/2019 12:21

#297 P.009/011

Exhibit Fit, Willing, and Able (FWA)

Kamlesh Shah

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

From:

10/22/2019 12:21

#297 P.011/011

ACCEPTED FOR PROCESSING - 2020 February 13 7:49 AM - SCPSC - 2020-58-T - Page 12 of 13

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

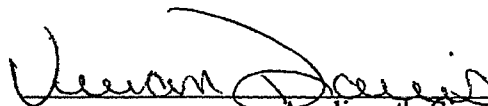
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

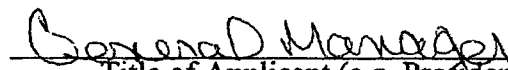
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Applicant's Signature


Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Charleston)

SWORN TO BEFORE ME
This 23 day of October, 2019


Notary Public

Commission Expires July 13, 2028

Print Application

South Carolina Secretary of State Mark Hammond

Business Entities Online

File, Search, and Retrieve Documents Electronically

ARCHDALE DEVELOPMENT, LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

**Incorporated South Carolina
State:**

Registered Agent

Agent: KAMLESH SHAH

Address: 3640 DORCHESTER ROAD
NORTH CHARLESTON, South Carolina
29405

Important Dates

Effective Date 01/20/2012

**Expiration N/A
Date:**

**Term End N/A
Date:**

**Dissolved N/A
Date:**

Official Documents On File

Filing Type	Filing Date
Change of Agent or Office	07/15/2013
Organization	01/20/2012

For filing questions please contact us at 803-734-2158

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